

Dear Behavioral Health Integration Data and Evaluation Stakeholders,

The Department has completed populating the FY 2011 data template, which is attached here. We will summarize some key findings at our next meeting, which will be held on June 19 at the University of Maryland Baltimore County Technology Center from 10 am to noon. In the interim, we encourage you to review the material.

Some of the issues we plan to discuss at the June 19 meeting include:

- Assessing Models.
 - Background Data. 21 percent of the population with a mental health diagnosis receives somatic care through an unmanaged fee-for-service program, while 12 percent of the population with a substance abuse diagnosis receives their somatic and substance care through an unmanaged fee-for-service program. These individuals in the fee-for-service program tend to be high users of somatic and behavioral health services. They also tend to be dually eligible for both Medicare and Medicaid. (Remember: Current HealthChoice rules disenroll individuals who are eligible for Medicare, 65 or older, or enrolled in a nursing home for longer than 30 days.)
 - Issue. What model best suggests that seamless transitions will occur as service needs change and that care will be delivered throughout an individual's lifespan?
- Savings. Several individuals have inquired about the savings achieved by the HealthChoice program. The federal government requires that Maryland demonstrate that actual expenditures do not exceed certain cost thresholds, *i.e.*, actual expenditures may not exceed what the costs of providing those services would have been under a traditional Medicaid fee-for-service program. The Department negotiates with the federal government a per-enrollee trend rate. If actual expenditures are below the baseline expenditures trended forward with the agreed upon trend rate, the program has saved money. Since the program's inception in 1997, the current calculation shows that as of July 1, 2011 the HealthChoice program has saved the federal government and the state of Maryland over \$5 billion. We will provide additional information on this issue at the meeting.

As discussed at our last meeting, we encourage you to review the Outcomes Measurement System (OMS) already in place in the public mental health system. At a future meeting, we will discuss potential performance measures to determine whether the selected model is successful in meeting the Department's integration and access goals. Here is a link to outcomes measurement system: http://maryland.valueoptions.com/services/OMS_Welcome.html. We are in the process of identifying the performance measures currently in place in the alcohol and drug abuse system.

We ask that you also review the performance measurements in place at the various other state programs researched by the Center for Health Care Strategies.

If you are unable to attend the meeting in person, you may attend via webinar by registering at [!\[\]\(529949c2c3dadbaa4e538e8c643454bc_img.jpg\)](#).

We look forward to discussing the FY 2011 data with you next week.

Tricia